

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

November 15, 2024

[REDACTED], VICE PRESIDENT OF OPERATIONS  
REMED RECOVERY CARE CENTERS LLC  
[REDACTED]

RE: REMED RECOVERY CARE CENTERS  
100 BRISTOL LANE  
IRWIN, PA, 15642  
LICENSE/COC#: 44997

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/05/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *REMED RECOVERY CARE CENTERS* License #: *44997* License Expiration: *06/14/2025*  
 Address: *100 BRISTOL LANE, IRWIN, PA 15642*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *REMED RECOVERY CARE CENTERS LLC*  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/04/2019* Issued By: *Hempfield Twp.*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/05/2024*

**Inspection Dates and Department Representative**

*09/05/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *8* Residents Served: *6*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *1*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

*09/05/2024 Full*  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/30/2024*

*10/11/2024 - POC Submission*  
 Submitted By: [REDACTED] Date Submitted: *10/29/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/01/2024*

Inspections / Reviews *(continued)*

11/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

*Direct care staff person A did not receive training on the following topics in training year January to December 2023:*

*1 Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.*

*2 Emergency preparedness procedures and recognition and response to crises and emergency situations.*

*3 Resident rights.*

*4 The Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102).*

*5 Falls and accident prevention.*

Plan of Correction

Accept [redacted] - 10/11/2024)

*On 9/26/24, the home's Clinical Ops Coordinator met with staff person A to review expectations related to completing required annual training courses, which cover the above noted required training topics. See attached Training Plan noting required annual training, with staff person A's signature acknowledging understanding of requirements.*

*Staff person A completed the following to make up for missing 2023 trainings. Transcript attached.*

- 1. Fire Safety and Responding to Emergencies (to cover Fire Safety) on 9/24/24*
- 2. Collage Confidentiality & Compliance Overview (to cover Resident Rights and OAPSA) on 9/26/24*
- 3. Collage Health & Safety Overview (to cover Emergency procedures and Falls prevention) on 9/26/24*

*By 10/4/24, the Clinical Ops Coordinator will complete an audit of 2023 required annual trainings. If any additional staff are found to be out of compliance for required training topics, the Clinical Ops Coordinator will conduct remediation (meet with staff, and ensure all missing trainings are completed) by 10/31/24.*

*During the training year, annual training requirements are assigned a due date in Relias for all staff. Email reminders for required completion will be provided by the Training Dept. upon enrollment. Additionally, reminders that are automatically generated by Relias will be sent at 1 month and 1 week before the due date to all enrollees who have not yet completed the training(s). On the first of every month, Relias will automatically send an email to managers alerting them of staff with both trainings with upcoming due dates, and those that are past due.*

*Beginning the week of 9/23/24, the Clinical Ops Coordinator began running audits that will occur monthly, at least through the end of 2024, to determine which staff have not yet completed annual training assignments. In addition*

65g - Annual Training Content (continued)

to the above noted automatic reminders from Relias, the Clinical Ops Coordinator will also follow up with each staff after running the audit to remind them of their required trainings and their due dates.

Additionally, training deadlines and overdue trainings will be discussed during the home's weekly Leadership Meeting. This process began as of the week of 9/9/24.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 11/15/2024)

132c - Fire Drill Records

2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home did not document the complete evacuation time to include minutes and seconds for fire the drill on 6/25/24 at 7:02 PM.

Plan of Correction

Accept [redacted] - 10/11/2024)

The Home's Clinical Site Manager emailed all staff on 9/25/24 with re-education regarding recording the exact time, to include minutes and seconds, when completing fire drills. See attached email.

The Clinical Site Manager will review fire drill forms on a monthly basis to ensure completion and accuracy of the forms. If necessary, they will follow up with staff who completed the drill/form immediately to remediate the form. This process will begin upon completion of the September 2024 fire drills.

Additionally, this information is reviewed with both new hires and as an annual training requirement in the home's Fire Safety and Responding to Emergencies training. All staff are required to and scheduled to attend this training.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 11/15/2024)